

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each, and in order of birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>132</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>309</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>Shower Canon</u>	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Beatrice Ramirez</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>5</u>		7. Date of birth <u>May 11 - 1923</u>	
		Month _____ Day _____ Year _____	
8. FATHER		14. MOTHER	
Full name <u>Francisco Ramirez</u>		Full maiden name <u>Fabiani De La Riva</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Jalisco Mex</u>		18. Birthplace (city or place) <u>Wmango Mex</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>Smelterman</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against phthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>35</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>12:10 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u>	
		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>May 31</u> , 19 <u>23</u>	
Month, day, year. _____		P. E. J. J. J.	
Registrar. _____		Local Registrar.	
		County Registrar.	

299-511-641